

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

482876

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52	/					
3							53						
4							54	/					
5							55	/					
6	/						56	/					
7	/						57	/					
8	/						58	/					
9							59	/					
10							60	/					
11							61	/					
12							62						
13	/						63						
14	/						64	/					
15	/						65	/					
16							66						
17							67						
18							68	/					
19							69	/					
20	/						70						
21	/						71						
22	/						72	/					
23							73	/					
24							74						
25							75						
26							76						
27							77	/					
28							78	/					
29	/						79						
30	/						80						
31							81	/					
32							82	/					
33							83						
34							84						
35							85						
36	/						86	/					
37	/						87	/					
38	/						88						
39							89						
40							90	/					
41							91	/					
42							92						
43							93						
44	/						94						
45	/						95	/					
46	/						96	/					
47							97						
48	/						98						
49	/						99						
50							100						
TOTAL IND.							TOTAL IND.	21					
TOTAL DEP.							TOTAL DEP.	78					
TOTAL CLAIMS							TOTAL CLAIMS	99					

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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